oplication or Docket Number

PATENT APPLICATION FL. DETERMINATION RECORD Effective October 1, 2000

09/856164

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
TOTAL CLAIMS			(Column	1)	(Colu	imn 2)	TYPE		OR	SMALL]
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FC	DR ·		NUMBER FILED		NUME	BER EXTRA	BASIC FEE	430	OR	BASIC FEE		
TC	OTAL CHARGE	ABLE CLAIMS	// minus 20= *				X\$ 9=		OR	X\$18=		
INI	DEPENDENT C	LAIMS	/ minus 3 =				X40=		OR	X80=		
Мι	JLTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=	e .	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOTAL	1/20	OR	TOTAL	- /.	
	C	19,772	720	10	OTHER	THAN						
		(Column 1)	MENDED - PART II (Column 2)			(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	** 7	0	= 6	X\$ 9=		OR	X\$18=)	
	Independent	. 2	Minus	<u> </u>	3	=	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		+135=		00	+270=	1,0	
							TOTAL		OR	TOTAL		
							ADDIT. FEE	<u> </u>	OR _.	ADDIT. FEE		
_	SERVICE STORY	(Column 1)		(Colur HIGH		(Column 3)		(1	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	L=
	Total	*	Minus	**,		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	٠.	= ,	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						105			.070		
							+135= TOTAL		OR	+270= TOTAL		
	`						ADDIT. FEE	j	OR ,	ADDIT. FEE		
	Hariana na ayana na sayana na sayan	(Column 1)		(Colur		(Column 3)			_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE.	ADDI- TIONAL FEE		RATE /	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=		l	X80=		
4	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		. 140=		OR	700=		
							+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa her Previously Pai					ound in the ann	ropriate box				